

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article
 Commissioner Donal Campbell
 Department of Corrections
 P.O. Box 301501
 Montgomery, AL 36130

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kay P. Hope*
 B. Received by (Printed Name)
 C. Date of Delivery *7/26/06*
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

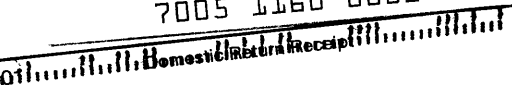
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2:06ano (complete only)

2. Article Number
 (Transfer from service label)

7005 1160 0001 2962 3113

PS Form 3811, August 2001



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